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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE DORAL MORTGAGE CORPORATION

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Corporate Filing Menu

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COVER LETTER

	lmont Section on of Corporations
SUBJECT:	oral Morigage Corporation
	Name of Corporation
DOCUMENT	P35488 NUMBER:
The enclosed Se	tatement of Change of Registered Office/Agent and fee are submitted for filing.
	Il correspondence concerning this matter to the following:
	Teri McCarty
	Name of Contact Person
	FDIC
	Firm/Company
	1601 Bryan Street, Suite 30006
•	Address
	Dallas, TX 75201
	City/State and Zip Code
	thmccarty@fdic.gov
	E-mail address: (to be used for future annual report notification)
	·
For further infor	rmation concerning this matter, please call:
Sara Frederick	214 932-3685
	Name of Contact Person at (
Enclosed is a \$3	35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chi	mge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Puerto Rico	•
		ered agent, or both, in the State of Florida.	
i. The name of	the corporation: Doral Mortgage Corporation	00 Pall T - 75201	
2. The principal	office address: 1601 Bryan Street, Suite 30	006, Dalins, Texas /3201	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 09/13/1991	Document number: P35488	
	street address of the current registered at tment of State: (If resigned, enter resigne	gent and registered office on file with the	
	ALONSO, JULIO CESQ.		
	300 SEVILLA AVENUE, SUITE 301		
	CORAL GABLES, FL 33134		15 HAR
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or registered office	12
	C T Corporation System		A A
	c/o C T Corporation System, 1200 South Pine Island Road		9: 0
	P.O. Box NOT Plantation, Florida 33324	acceptable	
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered age	nt,
Such change was	is authorized by resolution duly adopted to board, or the corporation has been not	by its board of directors or by an officer so iffed in writing of the change.	
ROS	Massall	Linda S. Hancock, President	
I hereby accept I further agree i performance of agent. Or, if the bereby confirm	the appointment as registered agent and comply with the provisions of all statum my duties, and I am familiar with and a sounent is being filed merely to reflect that the corporation has been notified in	Printed or typed name and title agree to act in this capacity, les relative to the proper and complete cept the obligation of my position as registered ct a change in the registered office address, I vriting of this change.	
By:	poration System	3/11/2015	
If signing on be	half of an entity:		
Michael Jones			
Tj	ped or Printed Name	. C2K 00 + + +	
M, CR2E045 (03/12)	* * * FILING FEE MAKE CHECKS PAYABLE TO FLOR AIL TO: DIVISION OF CORPORATIONS, P.C	UDA DEPARTMENT OF STATE	